| EXAMPLE | 02/14/01 |
|--|---|
| | (DATE OF REQUEST) |
| Chief, Fisheries Sampling Branch National Marine Fisheries Service Northeast Fisheries Science Center 166 Water Street Woods Hole, MA 02543-1097 | |
| To Whom It May Concern: | |
| I, JOHN SMITH , the (PRINT COMPLETE NAME) | OWNER AND CAPTAIN (OWNER AND/OR CAPTAIN) |
| of the vessel, F/V JO JO (VESSEL NAME) | |
| | ational Marine Fisheries Service (NMFS) observer data, |
| The information I request is from SINK GILLN (FISHERY) | $\frac{\text{ET}}{\text{OBS/TRIP ID}}.$ |
| This trip landed in Gloucester, MA | |
| (PORT CITY, STATE) I am making this request as the owner, or the authorize | (DATE LANDED) d representative of the owner(s), of said vessel. I underse. I further understand that the data I receive my be |
| ADDRESS TO WHICH REQUESTED DATA SHOULD BE SENT (IF NOT RECEIVED DIRECTLY): | Sincerely, |
| PO Box 1234 | John Smith |
| Gloucester, MA 01930 | (SIGNED NAME) |
| | John Smith |
| | (PRINTED NAME) |
| OBSERVERS / DATA RELEASERS | |
| Please check that all of the above information is comple | ete, and correctly and legibly recorded. |
| Date requested data were copied and issued | |
| Signature of data releasor | |
| Printed name of data releasor | |